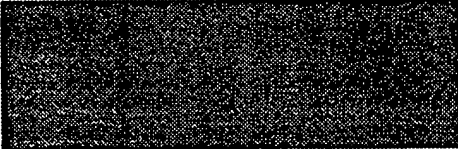


2700 INTERNAL TRANSFER REQUEST FOR S.N.

09 385299

DATE: <u>12/1/99</u>	FROM: <u>Bu</u> (print name)
FORWARD TO: A. Art Unit: <u>2756</u> B. Class: <u>709</u> C Subclass: <u>200t</u>	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED: <u>Normal health care. Invention is directed to communication system.</u>	

DATE: <u>4/6/2000</u>	FROM: <u>MEKY</u> (print name)
FORWARD TO: A. Art Unit: <u>2761</u> B. Class: <u>705</u> C Subclass: _____	REASON(S): A. You had Parent <input checked="" type="checkbox"/> (check box) B. See Title <input checked="" type="checkbox"/> (check box) C. See Abstract <input checked="" type="checkbox"/> (check box) D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED: <u>business case</u>	

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER 	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED:	

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED:	